



STD PAM

February 8, 2006 Partner Services and Lot Management

Location & Time:

When: Wednesday, 02/08/06, from 1:00 PM to 3:00 PM Where: Corporate Square; Building 1; Conference Room 2102

Attendees:

10110001			
Greg Pierce	NCHSTP	404-639-8356	gvp1@cdc.gov
Marvin Flemings	NCHSTP	404.639.8352	mqf6@cdc.gov
Alicia Soucy	NH DHHS DPHS	(603) 271-3025	amsoucy@dhhs.state.nh.us
Emmanuel Puplampu	New Jersey		emmanuel.puplampu@doh.st
	Department of		ate.nj.us
	Health	(609) 631-6745	
Gail Gould	CDC	(916) 552-9811	ggould@dhs.ca.gov
Jeff Stover		(804) 864-8016	
Jennifer Bissette	VDH		jennifer.bissette@vdh.virginia .gov
Joy Ewell	STD Program	(504) 219-4424	jewell@dhh.la.gov
Karen Arrowood	CDC	,	karen.arrowood@dshs.state.t
		(512) 533-3030	x.us
Kate Houle	Nevada State		khoule@nvhd.state.nv.us
	Health Division	(775) 684-5919	
Kim Seechuk	CDC	(404) 639-8339	kgs0@cdc.gov
Mark Barnes	AR Division of		mvbarnes@healthyarkansas.
	Health	(501) 661-2137	com
Patrick Dwyer	NJDHSS-STD		patrick.dwyer@doh.state.nj.u
	Program	(213) 744-5240	S
Peter Kerndt	LA County DHS	(512) 533-3032	pkerndt@ladhs.org
Richard Armor	Texas Dept. of		richard.armor@dshs.state.tx.
	State Health Svcs.	(501) 661-2971	us
Sharon Donovan	Arkansas DHHS		sjudah@healthyarkansas.co
		(404) 639-8868	m
Steven Rubin	NYC Department		srubin@health.nyc.gov
	of Health	(212) 788-4411	
Tara Coleman	Office of Public	(985) 447-0916	tcoleman@dhh.la.gov
	Health - La.	ext 325	
Thomas Lee	Alabama Public		thomaslee@adph.state.al.us
	Health	(205) 206-5350	
Venie Lee	Hawaii		mvlee@camhmis.health.state
	department of		.hi.us
	health	(808) 733-9281	
Wayne Harris	NMDOH	(505) 461-2610	robert.harris@state.nm.us

Yuren Tang	Mass. Dept.		yuren.tang@state.ma.us
	Public Health	(617) 983-6554	
Kim Seechuk	NCHSTP	404.639.8339	ksg0@cdc.gov
Debbie Cortez	SAIC	770-936-3624	dcortez@saic.com
Tasha Hurley	SAIC	770-986-3550	dcx4@cdc.gov
Larry Rimmer	SAIC	770-452-3960	evo0@cdc.gov
Sabrina Walton	SAIC	770-936-3649	syw9@cdc.gov

Handouts for This Meeting:

- STD Session 1 Presentation

Discussion Highlights and Decisions:

- Open Action Items
 - N/A
- Key Activities
 - Findings from the Session
 - An Index patient becomes a Lot when they are determined to be a verified case
 - All confirmed infections are an index patient for their case.
 - Requirements/Requests This is NOT a formal requirements document and these are functionality requests only. Functionality will be finalized in a formal requirements document at a later date.
 - Provide the ability for the system to support searches based on the following additional criteria (most are currently handled by the Patient Search functionality in NPP):
 - Nicknames
 - Aliases
 - Internet nicknames/handles
 - Telephone numbers
 - Street names
 - Social Security Number
 - 'Hangouts'
 - Merging of Lots
 - Provide the ability to place merged lots in a 'holding pen' before being allowed to make a merge permanent.
 - Provide the ability to capture the following information:
 - A history of who handled the case as well as the date the case was assigned to each case worker
 - The date the case was initiated
 - O Provide the ability to keep track of how long a case has been assigned to a worker and notify the supervisor if the case has not been updated within a configurable amount of time. If the supervisor re-assigns the case to another worker then the new worker will have the same original amount of time to act on or update the case as the originally assigned worker (allow the 'countdown' to reset).

- Disease Intervention Specialists need to have the ability to work on any case whether they are specifically assigned to it or not.
 - Assumption: The system will need to track who updated the case whether it is the assigned DIS or not.
- Provide the ability for both Supervisors and Disease Intervention
 Specialists to view all open cases as well as who is assigned to each of those cases.
- Provide the ability to display and select the appropriate case worker based on the jurisdiction of the case.
- Provide the ability to generate a letter to a provider who does not provide adequate treatment or adequate documentation.
- Provide the ability to store 'marginal' or incomplete records until more information is obtained.

Action Items:

- Identify address types and usages
- Clarify letter generation to patients and providers
- o Identify the required fields for saving and closing out a record
- Determine the criteria and scenarios for generating an alert on the worklists
- Determine the templates and boiler plate text for the letters STD PAM will generate.

Next Project Meeting:

- The next meeting is scheduled for Wednesday, February 15, 2006 from 1pm-3pm, Corporate Square, Building 1, Conference Room #2102. The room will be available for setup at 12:30p (30 minutes prior to kickoff) and for 30 minutes after proposed 3pm end time for the teleconference.